

**Maria Contreras-Sweet, Secretary**  
**Business, Transportation and Housing Agency**



## DEPARTMENT OF FINANCIAL INSTITUTIONS

**PERSONAL FINANCIAL STATEMENT FOR THE CONFIDENTIAL USE OF  
THE COMMISSIONER OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA**

Name \_\_\_\_\_

Address \_\_\_\_\_

Business or Occupation \_\_\_\_\_

TO THE COMMISSIONER OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA, SAN FRANCISCO,  
CALIFORNIA 94111-5613

CONDITION ON \_\_\_\_\_ 20\_\_\_\_\_

ASSETS	DOLLARS	CENTS	LIABILITIES	DOLLARS	CENTS
CASH ON HAND			NOTES PAYABLE TO BANKS—UNSECURED		
CASH IN BANK					
NOTES RECEIVABLE—SECURED BY MORTGAGE					
NOTES RECEIVABLE—OTHERWISE SECURED			NOTES PAYABLE—OTHER THAN TO BANKS—UNSECURED		
NOTES RECEIVABLE—UNSECURED			NOTES PAYABLE WITH SECURITY OTHER THAN REAL ESTATE (ITEMIZE PAGE 2)		
ACCOUNTS RECEIVABLE—NOT DUE			ACCOUNTS PAYABLE		
ACCOUNTS RECEIVABLE—PAST DUE			LOANS ON LIFE INSURANCE		
U. S. GOVT. OBLIGATIONS			TAXES		
STOCKS, BONDS, AND OTHER INVESTMENTS (INCLUDE FUNDS IN BUILDING OR SAVINGS AND LOAN COMPANIES) (ITEMIZE PAGE 2)			MORTGAGES OR LIENS ON REAL ESTATE (ITEMIZE BELOW)		
			ANY OTHER INDEBTEDNESS—DUE WITHIN ONE YEAR		
CASH VALUE—LIFE INSURANCE					
REAL ESTATE (ITEMIZE BELOW)			ANY OTHER INDEBTEDNESS—DUE BEYOND ONE YEAR		
ANY OTHER ASSETS—ITEMIZE					
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL			TOTAL		

## SCHEDULE OF REAL ESTATE OWNED

DESCRIPTION AND LOCATION	TITLE IN WHOSE NAME	IMPROVED OR UNIMPROVED	APPRAISED VALUE	MORTGAGES	TAX VALUE	INSURANCE
			\$	\$	\$	\$
CONTINGENT LIABILITY OF ANY KIND (IF NONE, SO INDICATE)					DOLLARS	CENTS
UPON NOTES OR ACCOUNTS RECEIVABLE DISCOUNTED SOLD, OR ASSIGNED						
AS GUARANTOR FOR OTHERS ON NOTES, BONDS, CONTRACTS, ETC.						
ANY OTHER CONTINGENT LIABILITY—ITEMIZE						
TOTAL CONTINGENT LIABILITIES						

# STOCKS, BONDS, AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

## SCHEDULE OF LIABILITIES SECURED BY ASSETS OTHER THAN REAL ESTATE

NAME OF CREDITOR	AMOUNT	TYPE OF OBLIGATION	DESCRIPTION OF SECURITY	AMOUNT OF SECURITY
	\$			\$

## STATEMENT OF NET WORTH AND INCOME AND EXPENSES

FOR THE PERIOD BEGINNING \_\_\_\_\_ 20 \_\_\_\_ AND ENDING \_\_\_\_\_

FILL IN DATES

20 \_\_\_\_



NET WORTH AT CLOSE OF PREVIOUS YEAR.....			\$		
ADD INCOME FOR PERIOD AS ABOVE FROM FOLLOWING SOURCES:					
SALARIES, WAGES, COMMISSIONS, FEES, ETC. ....	\$				
INCOME (OR LOSS) FROM BUSINESS OR PROFESSION .....					
INCOME (OR LOSS) FROM PARTNERSHIPS, SYNDICATES, POOLS, ETC. ....					
RENTS AND ROYALTIES.....					
PROFIT (OR LOSS) ON INVESTMENTS.....					
INCOME FROM INVESTMENTS.....					
OTHER INCOME-ITEMIZE.....					
TOTAL INCOME FOR PERIOD.....					
TOTAL .....			\$		
DEDUCT-EXPENSES PAID.....			\$		
TAXES PAID-FEDERAL INCOME \$ _____ OTHER \$ _____					
INTEREST PAID.....					
OTHER DEDUCTIONS-ITEMIZE.....					
TOTAL DEDUCTIONS FOR PERIOD.....					
NET WORTH AT CLOSE OF PERIOD (MUST AGREE WITH NET WORTH ON PAGE 1).....			\$		

## ALL QUESTIONS SHOULD BE ANSWERED

LIST ASSETS, PLEDGED OR HYPOTHECATED OTHER THAN AS STATED ABOVE \_\_\_\_\_

ARE THERE ANY JUDGMENTS UNSATISFIED OR SUITS PENDING AGAINST YOU? \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

LIFE INSURANCE CARRIED \$ \_\_\_\_\_ CASH VALUE \$ \_\_\_\_\_

NAME OF BENEFICIARY \_\_\_\_\_

STATE MAXIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR

\$ \_\_\_\_\_ DATE \_\_\_\_\_

STATE MINIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR

\$ \_\_\_\_\_ DATE \_\_\_\_\_

The undersigned hereby certifies that the foregoing statement has been carefully read by the undersigned, that it is a true and correct statement of the undersigned's financial condition. This statement may be retained by the Commissioner of Financial Institutions, State of California, for confidential official use.

The foregoing is a statement of my financial condition on \_\_\_\_\_, 20\_\_\_\_

Date signed \_\_\_\_\_

Sign here \_\_\_\_\_

## Notice to Individuals – Use of Information

The Commissioner of Financial Institutions (the "Commissioner") is authorized by the Financial Code to gather and maintain the information requested in the form you have accessed. If the form is submitted in connection with any application or other matter before the Commissioner, the requested information is deemed necessary to process that application or other matter pursuant to the Financial Code. If the requested information is not accurately and completely provided, the application may be denied, or the other matter may be resolved against your interests.

If the form requests you to provide your social security account number, please be advised that providing your social security account number is voluntary. Your social security account number will be used as an identifier, and may be used to verify information provided to the Department of Financial Institutions (the "Department"). Failure to provide your social security number may require the Department to use other methods to verify information, which may cause delays in processing this information and any related application or other matter. If the information you have provided to the Department cannot be verified, the Department may reject your filing and deny any related application or cause any other matter to be resolved against your interests. In addition, the Commissioner may request additional information or clarification of submitted information.

You may be required to provide your fingerprints in conjunction with submitting your personal information. If your fingerprints are required, the Department will provide you with the necessary instructions and, if applicable, the forms upon which your fingerprints may be submitted.

In processing the information you provide, the Department may cause a consumer credit report to be prepared in accordance with the provisions of Title 1.6, Part 4, Division Third of the Civil Code (commencing at Section 1785.1), or an investigative consumer report to be prepared in accordance with the provisions of Title 1.6A, Part 4, Division Third of the Civil Code (commencing at Section 1786), or the respective successor statutes.

The information you provide the Department will be held in confidence as required by the Information Practices Act (Civil Code Section 1798, et seq.). The Information Practices Act provides that the Department may share the information you provide with the Department of Insurance, the Department of Corporations, other federal and state financial institution regulators, law enforcement agencies, or any other governmental entity if the disclosure is required under state or federal law. In addition, the Department may share the information you provide with any such agency if the disclosure assists the agency in discharging its duties. Each individual has the right to review information maintained by the Department regarding him or herself, unless access to some or all of the information is exempt from disclosure by law. The official responsible for maintaining information gathered by the Department is as follows:

For all matters relating to credit unions;

Deputy Commissioner of Financial Institutions for the Division of Credit Unions,  
Department of Financial Institutions, 300 South Spring Street, Suite 15513, Los Angeles,  
California 90013-1204.

For all other matters;

Chief State Examiner, Department of Financial Institutions, 300 South Spring Street,  
Suite 15513, Los Angeles, California 90013-1204.